



General Assembly

January Session, 2007

**Amendment**

LCO No. 8844

\*HB0615808844HDO\*

Offered by:

REP. AMANN, 118<sup>th</sup> Dist.  
REP. MCMAHON, 15<sup>th</sup> Dist.  
REP. VILLANO, 91<sup>st</sup> Dist.  
REP. SAYERS, 60<sup>th</sup> Dist.  
REP. O'CONNOR, 35<sup>th</sup> Dist.

To: Subst. House Bill No. 6158

File No. 246

Cal. No. 225

**"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR CHILDREN."**

1 Strike everything after the enacting clause and insert the following  
2 in lieu thereof:

3 "Section 1. Section 17b-292 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective July 1, 2007*):

5 (a) A child who resides in a household with a family income which  
6 exceeds one hundred eighty-five per cent of the federal poverty level  
7 and does not exceed [three] four hundred per cent of the federal  
8 poverty level may be eligible for subsidized benefits under the HUSKY  
9 Plan, Part B.

10 (b) A child who resides in a household with a family income over  
11 [three] four hundred per cent of the federal poverty level may be

12 eligible for unsubsidized benefits under the HUSKY Plan, Part B.

13 (c) Whenever a court or family support magistrate orders a  
14 noncustodial parent to provide health insurance for a child, such  
15 parent may provide for coverage under the HUSKY Plan, Part B.

16 (d) To the extent allowed under federal law, the commissioner shall  
17 not pay for services or durable medical equipment under the HUSKY  
18 Plan, Part B if the enrollee has other insurance coverage for the services  
19 or such equipment.

20 (e) A newborn child who otherwise meets the eligibility criteria for  
21 the HUSKY Plan, Part B shall be eligible for benefits retroactive to his  
22 or her date of birth, provided an application is filed on behalf of the  
23 child [within] not later than thirty days [of] after such date. Any  
24 uninsured child born in a hospital in this state or in a border state  
25 hospital shall be enrolled on an expedited basis in the HUSKY Plan,  
26 Part B, provided (1) the mother of such child resides in this state, and  
27 (2) a parent of such child authorizes enrollment in the program. The  
28 commissioner shall pay any premium cost such family would  
29 otherwise incur for the first six months of coverage to the managed  
30 care organization selected by the mother to provide coverage for such  
31 child.

32 (f) The commissioner shall implement presumptive eligibility for  
33 children applying for Medicaid. Such presumptive eligibility  
34 determinations shall be in accordance with applicable federal law and  
35 regulations. The commissioner shall adopt regulations, in accordance  
36 with chapter 54, to establish standards and procedures for the  
37 designation of organizations as qualified entities to grant presumptive  
38 eligibility. Qualified entities shall ensure that, at the time a  
39 presumptive eligibility determination is made, a completed application  
40 for Medicaid is submitted to the department for a full eligibility  
41 determination. In establishing such standards and procedures, the  
42 commissioner shall ensure the representation of state-wide and local  
43 organizations that provide services to children of all ages in each

44 region of the state.

45 (g) The commissioner shall enter into a contract with an entity to be  
46 a single point of entry servicer for applicants and enrollees under the  
47 HUSKY Plan, Part A and Part B. The servicer shall jointly market both  
48 Part A and Part B together as the HUSKY Plan. Such servicer shall  
49 develop and implement public information and outreach activities  
50 with community programs. Such servicer shall electronically transmit  
51 data with respect to enrollment and disenrollment in the HUSKY Plan,  
52 Part B to the commissioner.

53 (h) Upon the expiration of any contractual provisions entered into  
54 pursuant to subsection (g) of this section, the commissioner shall  
55 develop a new contract for single point of entry services and managed  
56 care enrollment brokerage services. The commissioner may enter into  
57 one or more contractual arrangements for such services for a contract  
58 period not to exceed seven years. Such contracts shall include  
59 performance measures, including, but not limited to, specified time  
60 limits for the processing of applications, parameters setting forth the  
61 requirements for a completed and reviewable application and the  
62 percentage of applications forwarded to the department in a complete  
63 and timely fashion. Such contracts shall also include a process for  
64 identifying and correcting noncompliance with established  
65 performance measures, including sanctions applicable for instances of  
66 continued noncompliance with performance measures.

67 (i) The single point of entry servicer shall send an application and  
68 supporting documents to the commissioner for determination of  
69 eligibility of a child who resides in a household with a family income  
70 of one hundred eighty-five per cent or less of the federal poverty level.  
71 The servicer shall enroll eligible beneficiaries in the applicant's choice  
72 of managed care plan. Upon enrollment in a managed care plan, an  
73 eligible HUSKY Plan Part A or Part B beneficiary shall remain enrolled  
74 in such managed care plan for twelve months from the date of such  
75 enrollment unless (1) an eligible beneficiary demonstrates good cause  
76 to the satisfaction of the commissioner of the need to enroll in a

77 different managed care plan, or (2) the beneficiary no longer meets  
78 program eligibility requirements.

79 (j) Not more than twelve months after the determination of  
80 eligibility for benefits under the HUSKY Plan, Part A and Part B and  
81 annually thereafter, the commissioner or the servicer, as the case may  
82 be, shall determine if the child continues to be eligible for the plan. The  
83 commissioner or the servicer shall mail an application form to each  
84 participant in the plan for the purposes of obtaining information to  
85 make a determination on eligibility. To the extent permitted by federal  
86 law, in determining eligibility for benefits under the HUSKY Plan, Part  
87 A or Part B with respect to family income, the commissioner or the  
88 servicer shall rely upon information provided in such form by the  
89 participant unless the commissioner or the servicer has reason to  
90 believe that such information is inaccurate or incomplete. The  
91 Department of Social Services shall annually review a random sample  
92 of cases to confirm that, based on the statistical sample, relying on such  
93 information is not resulting in ineligible clients receiving benefits  
94 under HUSKY Plan Part A or Part B. The determination of eligibility  
95 shall be coordinated with health plan open enrollment periods.

96 (k) The commissioner shall implement the HUSKY Plan, Part B  
97 while in the process of adopting necessary policies and procedures in  
98 regulation form in accordance with the provisions of section 17b-10.

99 (l) The commissioner shall adopt regulations, in accordance with  
100 chapter 54, to establish residency requirements and income eligibility  
101 for participation in the HUSKY Plan, Part B and procedures for a  
102 simplified mail-in application process. Notwithstanding the provisions  
103 of section 17b-257b, such regulations shall provide that any child  
104 adopted from another country by an individual who is a citizen of the  
105 United States and a resident of this state shall be eligible for benefits  
106 under the HUSKY Plan, Part B upon arrival in this state.

107 Sec. 2. Section 17b-277 of the general statutes is repealed and the  
108 following is substituted in lieu thereof (*Effective July 1, 2007*):

109 (a) The Commissioner of Social Services shall provide, in accordance  
110 with federal law and regulations, medical assistance under the  
111 Medicaid program to needy pregnant women and children up to one  
112 year of age whose families have an income up to one hundred eighty-  
113 five per cent of the federal poverty level.

114 (b) The commissioner shall expedite eligibility for appropriate  
115 pregnant women applicants for the Medicaid program. The process for  
116 making expedited eligibility determinations concerning needy  
117 pregnant women shall ensure that emergency applications for  
118 assistance, as determined by the commissioner, shall be processed no  
119 later than twenty-four hours after receipt of all required information  
120 from the applicant, and that nonemergency applications for assistance,  
121 as determined by the commissioner, shall be processed no later than  
122 five calendar days after the date of receipt of all required information  
123 from the applicant.

124 (c) Presumptive eligibility for medical assistance shall be  
125 implemented for any uninsured newborn child born in a hospital in  
126 this state or a border state hospital, provided (1) the mother of such  
127 child resides in this state, and (2) a parent of such child authorizes  
128 enrollment in the program.

129 ~~[(c)]~~ (d) The commissioner shall submit biannual reports to the  
130 council, established pursuant to section 17b-28, on the department's  
131 compliance with the administrative processing requirements set forth  
132 in subsection (b) of this section.

133 Sec. 3. (NEW) (*Effective July 1, 2007*) (a) Notwithstanding the  
134 provisions of section 17b-299 of the general statutes, the Commissioner  
135 of Social Services shall establish a health insurance premium assistance  
136 program for individuals with dependent children who have income  
137 that exceeds three hundred per cent of the federal poverty level but  
138 does not exceed four hundred per cent of the federal poverty level and  
139 who have access to employer-sponsored health insurance. Individuals  
140 who elect to participate in such program shall be required to enroll

141 themselves and their dependent children in employer-sponsored  
142 health insurance to the maximum extent of available coverage as a  
143 condition of eligibility, provided the Department of Social Services  
144 determines that enrollment in the employer-sponsored coverage is  
145 more cost effective than enrolling the dependent children of such  
146 individual in the HUSKY Plan, Part B.

147 (b) Any individual who elects to participate in such program shall  
148 receive a health insurance premium assistance subsidy from the state  
149 in an amount equal to the portion of the premium payment that is  
150 attributable to the health insurance coverage for the dependent  
151 children. The employer of such individual shall provide verification of  
152 the cost of the health insurance premium payment that is attributable  
153 to the health insurance coverage for the dependent children to the  
154 Department of Social Services in a form and manner as prescribed by  
155 the department. The cost of the health insurance premium payment  
156 that is attributable to the health insurance coverage for the dependent  
157 children shall not be deducted from such individual's weekly income,  
158 but instead such cost shall be transmitted directly to and paid for by  
159 the Department of Social Services. In addition, the Department of  
160 Social Services shall provide to the dependents of any individual who  
161 receives health insurance premium assistance in accordance with the  
162 provisions of this section, HUSKY Plan, Part B coverage for medical  
163 assistance or services not covered by the available employment  
164 sponsored health insurance.

165 (c) The Commissioner of Social Services, pursuant to section 17b-10  
166 of the general statutes, may implement policies and procedures  
167 necessary to administer the provisions of this section while in the  
168 process of adopting such policies and procedures as regulation,  
169 provided the commissioner prints notice of the intent to adopt the  
170 regulation in the Connecticut Law Journal not later than twenty days  
171 after the date of implementation. Policies and procedures implemented  
172 pursuant to this section shall be valid until the time final regulations  
173 are adopted.

174       Sec. 4. (*Effective July 1, 2007*) Any managed care organization under  
175 contract with the Department of Social Services to provide services  
176 under the HUSKY Plan, Part A or Part B, or both, shall reimburse  
177 providers of services to program beneficiaries at a rate that is at least  
178 thirty-nine per cent greater than the rate paid to such providers for the  
179 fiscal year ending on June 30, 2007, provided such increased rate shall  
180 not exceed the usual and customary rate charged by such provider for  
181 the same services to persons not enrolled in the HUSKY Plan, Part A or  
182 Part B. For purposes of this section, "managed care organization"  
183 includes any entity or subcontractor utilized by a managed care  
184 organization to fulfill its contractual obligations with the Department  
185 of Social Services for the provision of services under the HUSKY Plan,  
186 Part A or Part B, or both.

187       Sec. 5. Section 17b-295 of the general statutes is repealed and the  
188 following is substituted in lieu thereof (*Effective July 1, 2007*):

189       (a) The commissioner shall impose cost-sharing requirements,  
190 including the payment of a premium or copayment, in connection with  
191 services provided under the HUSKY Plan, Part B, to the extent  
192 permitted by federal law, and in accordance with the following  
193 limitations:

194       (1) [On and after July 1, 2005, the] The commissioner may increase  
195 the maximum annual aggregate cost-sharing requirements, provided  
196 such cost-sharing requirements shall not exceed five per cent of the  
197 family's gross annual income. The commissioner may impose a  
198 premium requirement on families whose income exceeds two hundred  
199 thirty-five per cent of the federal poverty level as a component of the  
200 family's cost-sharing responsibility, provided: (A) The family's annual  
201 combined premiums and copayments do not exceed the maximum  
202 annual aggregate cost-sharing requirement, [and] (B) premium  
203 requirements for a family with income that exceeds two hundred  
204 thirty-five per cent of the federal poverty level but does not exceed  
205 three hundred per cent of the federal poverty level shall not exceed the  
206 sum of thirty dollars per month per child, with a maximum premium

207 of fifty dollars per month per family, and (C) premium requirements  
208 for a family with income that exceeds three hundred per cent of the  
209 federal poverty level but does not exceed four hundred per cent of the  
210 federal poverty level who does not have any access to employer-  
211 sponsored health insurance coverage shall not exceed the sum of fifty  
212 dollars per child, with a maximum premium of seventy-five dollars  
213 per month. The commissioner shall not impose a premium  
214 requirement on families whose income exceeds one hundred eighty-  
215 five per cent of the federal poverty level but does not exceed two  
216 hundred thirty-five per cent of the federal poverty level; and

217 (2) The commissioner shall require each managed care plan to  
218 monitor copayments and premiums under the provisions of  
219 subdivision (1) of this subsection.

220 (b) (1) Except as provided in subdivision (2) of this subsection, the  
221 commissioner may impose limitations on the amount, duration and  
222 scope of benefits under the HUSKY Plan, Part B.

223 (2) The limitations adopted by the commissioner pursuant to  
224 subdivision (1) of this subsection shall not preclude coverage of any  
225 item of durable medical equipment or service that is medically  
226 necessary.

227 Sec. 6. Section 17b-297 of the general statutes is repealed and the  
228 following is substituted in lieu thereof (*Effective July 1, 2007*):

229 (a) The commissioner, in consultation with the Children's Health  
230 Council, the Medicaid Managed Care Council and the 2-1-1 Infoline [of  
231 Connecticut] program, shall develop mechanisms [for outreach for] to  
232 increase outreach and maximize enrollment of eligible children and  
233 adults in the HUSKY Plan, Part A [and] or Part B, including, but not  
234 limited to, development of mail-in applications and appropriate  
235 outreach materials through the Department of Revenue Services, the  
236 Labor Department, the Department of Social Services, the Department  
237 of Public Health, the Department of Children and Families and the  
238 Office of Protection and Advocacy for Persons with Disabilities. Such



239 mechanisms shall seek to maximize federal funds where appropriate  
240 for such outreach activities.

241 (b) The commissioner shall include in such outreach efforts  
242 information on the Medicaid program for the purpose of maximizing  
243 enrollment of eligible children and the use of federal funds.

244 (c) The commissioner shall, within available appropriations,  
245 contract with severe need schools and community-based organizations  
246 for purposes of public education, outreach and recruitment of eligible  
247 children, including the distribution of applications and information  
248 regarding enrollment in the HUSKY Plan, Part A and Part B. In  
249 awarding such contracts, the commissioner shall consider the  
250 marketing, outreach and recruitment efforts of organizations. For the  
251 purposes of this subsection, (1) "community-based organizations" shall  
252 include, but not be limited to, day care centers, schools, school-based  
253 health clinics, community-based diagnostic and treatment centers and  
254 hospitals, and (2) "severe need school" means a school in which forty  
255 per cent or more of the lunches served are served to students who are  
256 eligible for free or reduced price lunches.

257 (d) The commissioner, in consultation with the Latino and Puerto  
258 Rican Affairs Commission, the African-American Affairs Commission,  
259 representatives from minority community-based organizations and  
260 any other state and local organizations deemed appropriate by the  
261 commissioner, shall develop and implement outreach efforts that  
262 target medically underserved children, particularly Latino and other  
263 minority children, to increase enrollment of such children in the  
264 HUSKY Plan, Part A or Part B. Such efforts shall include, but not be  
265 limited to, developing culturally appropriate outreach materials,  
266 advertising through Latino media outlets and other minority media  
267 outlets, and the public education, outreach and recruitment activities  
268 described in subsections (a) to (c), inclusive, of this section.

269 ~~[(d)]~~ (e) All outreach materials shall be approved by the  
270 commissioner pursuant to Subtitle J of Public Law 105-33, as amended

271 from time to time.

272 [(e)] (f) Not later than January 1, [1999] 2008, and annually  
273 thereafter, the commissioner shall submit a report to the Governor and  
274 the General Assembly on the implementation of and the results of the  
275 community-based outreach [program] programs specified in  
276 subsections (a) to [(c)] (d), inclusive, of this section.

277 Sec. 7. (NEW) (*Effective July 1, 2007*) (a) The Commissioner of Social  
278 Services, in consultation with the Commissioner of Public Health, shall  
279 develop and implement a plan for a system of preventive health  
280 services for children under the HUSKY Plan, Part A and Part B. The  
281 goal of the system shall be to improve health outcomes for all children  
282 enrolled in the HUSKY Plan and to reduce racial and ethnic health  
283 disparities among children. Such system shall ensure that services  
284 under the federal Early and Periodic Screening, Diagnosis and  
285 Treatment program are provided to children enrolled in the HUSKY  
286 Plan, Part A.

287 (b) The plan shall:

288 (1) Establish a coordinated system for preventive health services for  
289 HUSKY Plan, Part A and Part B beneficiaries including, but not limited  
290 to, services under the federal Early and Periodic Screening, Diagnosis  
291 and Treatment program, vision care, oral health care, care  
292 coordination, chronic disease management and periodicity schedules  
293 based on standards specified by the American Academy of Pediatrics;

294 (2) Require the Department of Social Services to track electronically  
295 the utilization of services in the system of preventive health services by  
296 HUSKY Plan, Part A and Part B beneficiaries to ensure that such  
297 beneficiaries receive all the services available under the system and to  
298 track the health outcomes of children; and

299 (3) Include payment methodologies to create financial incentives  
300 and rewards for health care providers who participate and provide  
301 services in the system, such as case management fees, pay for

302 performance, and payment for technical support and data entry  
303 associated with patient registries.

304 (c) The Commissioner of Social Services shall develop the plan for a  
305 system of preventive health services not later than January 1, 2008, and  
306 implement the plan not later than July 1, 2008.

307 (d) Not later than July 1, 2009, the Commissioner of Social Services  
308 shall report, in accordance with the provisions of section 11-4a of the  
309 general statutes, to the joint standing committees of the General  
310 Assembly having cognizance of matters relating to human services,  
311 insurance and public health on the implementation of the plan for a  
312 system of preventive health services. The report shall include  
313 information on health outcomes, quality of care and methodologies  
314 utilized in the plan to improve the quality of care and health outcomes  
315 for children.

316 Sec. 8. (NEW) (*Effective July 1, 2007*) (a) The Commissioner of Social  
317 Services, in collaboration with the Commissioners of Public Health and  
318 Children and Families, shall establish a child health quality  
319 improvement program for the purpose of promoting the  
320 implementation of evidence-based strategies by providers  
321 participating in the HUSKY Plan, Part A and Part B to improve the  
322 delivery of and access to children's health services. Such strategies  
323 shall focus on physical, dental and mental health services and shall  
324 include, but need not be limited to: (1) Methods for early identification  
325 of children with special health care needs; (2) integration of care  
326 coordination and care planning into children's health services; (3)  
327 implementation of standardized data collection to measure  
328 performance improvement; and (4) implementation of family-centered  
329 services in patient care, including, but not limited to, the development  
330 of parent-provider partnerships. The Commissioner of Social Services  
331 shall seek the participation of public and private entities that are  
332 dedicated to improving the delivery of health services, including  
333 medical, dental and mental health providers, academic professionals  
334 with experience in health services research and performance

335 measurement and improvement, and any other entity deemed  
336 appropriate by the Commissioner of Social Services, to promote such  
337 strategies. The commissioner shall ensure that such strategies reflect  
338 new developments and best practices in the field of children's health  
339 services. As used in this section, "evidence-based strategies" means  
340 policies, procedures and tools that are informed by research and  
341 supported by empirical evidence, including, but not limited to,  
342 research developed by organizations such as the American Academy  
343 of Pediatrics, the American Academy of Family Physicians, the  
344 National Association of Pediatric Nurse Practitioners and the Institute  
345 of Medicine.

346 (b) Not later than July 1, 2008, and annually thereafter, the  
347 Commissioner of Social Services shall report, in accordance with  
348 section 11-4a of the general statutes, to the joint standing committees of  
349 the General Assembly having cognizance of matters relating to human  
350 services, public health and appropriations, and to the Medicaid  
351 Managed Care Council on (1) the implementation of any strategies  
352 developed pursuant to subsection (a) of this section, and (2) the  
353 efficacy of such strategies in improving the delivery of and access to  
354 health services for children enrolled in the HUSKY Plan.

355 Sec. 9. (NEW) (*Effective July 1, 2007*) (a) As used in this section and  
356 section 10 of this act:

357 (1) "Electronic health information system" means an information  
358 processing system, involving both computer hardware and software  
359 that deals with the storage, retrieval, sharing and use of health care  
360 information, data and knowledge for communication and decision  
361 making, and includes: (A) An electronic health record that provides  
362 access in real-time to a patient's complete medical record; (B) a  
363 personal health record through which an individual, and anyone  
364 authorized by such individual, can maintain and manage such  
365 individual's health information; (C) computerized order entry  
366 technology that permits a health care provider to order diagnostic and  
367 treatment services, including prescription drugs electronically; (D)

368 electronic alerts and reminders to health care providers to improve  
369 compliance with best practices, promote regular screenings and other  
370 preventive practices, and facilitate diagnoses and treatments; (E) error  
371 notification procedures that generate a warning if an order is entered  
372 that is likely to lead to a significant adverse outcome for a patient; and  
373 (F) tools to allow for the collection, analysis and reporting of data on  
374 adverse events, near misses, the quality and efficiency of care, patient  
375 satisfaction and other healthcare-related performance measures.

376 (2) "Interoperability" means the ability of two or more systems or  
377 components to exchange information and to use the information that  
378 has been exchanged and includes: (A) The capacity to physically  
379 connect to a network for the purpose of exchanging data with other  
380 users; (B) the ability of a connected user to demonstrate appropriate  
381 permissions to participate in the instant transaction over the network;  
382 and (C) the capacity of a connected user with such permissions to  
383 access, transmit, receive and exchange usable information with other  
384 users.

385 (3) "Standard electronic format" means a format using open  
386 electronic standards that: (A) Enable health information technology to  
387 be used for the collection of clinically specific data; (B) promote the  
388 interoperability of health care information across health care settings,  
389 including reporting to local, state and federal agencies; and (C)  
390 facilitate clinical decision support.

391 (b) On or before July 1, 2008, the Department of Public Health, in  
392 consultation with the Departments of Social Services and Information  
393 Technology, and any other entity deemed appropriate by the  
394 Commissioner of Public Health, shall develop electronic data  
395 standards to facilitate the development of a state-wide, integrated  
396 electronic health information system for use by health care providers  
397 and institutions that are funded by the state. The electronic data  
398 standards shall (1) include provisions relating to security, privacy, data  
399 content, structures and format, vocabulary and transmission protocols,  
400 (2) be compatible with any national data standards in order to allow

401 for interstate interoperability, (3) permit the collection of health  
402 information in a standard electronic format, and (4) be compatible with  
403 the requirements for an electronic health information system.

404 (c) The Department of Public Health may contract for the  
405 development of the electronic data standards through a request for  
406 proposals process.

407 (d) Not later than October 1, 2008, the department shall report, in  
408 accordance with section 11-4a of the general statutes, to the joint  
409 standing committees of the General Assembly having cognizance of  
410 matters relating to public health, human services, government  
411 administration and appropriations on the electronic data standards  
412 developed pursuant to subsection (b) of this section.

413 Sec. 10. (NEW) (*Effective October 1, 2008*) (a) The Commissioner of  
414 Public Health, in consultation with the Commissioners of Social  
415 Services and Information Technology, shall establish a pilot program  
416 in order to investigate the feasibility of establishing a state-wide,  
417 integrated electronic health information system that may be used by  
418 health care providers and institutions that are funded by the state. The  
419 pilot program shall (1) provide grants to a consortium, consisting of at  
420 least one school-based health clinic, a federally qualified community  
421 health center or other community-based provider of health services, a  
422 hospital and a provider serving HUSKY recipients, to implement an  
423 electronic health information system that utilizes the electronic data  
424 standards developed pursuant to section 9 of this act, and (2) be  
425 located in areas designated by the federal Health Resources and  
426 Services Administration as health professional shortage areas,  
427 medically underserved areas or areas with medically underserved  
428 populations. The Department of Public Health shall select grant  
429 recipients under the pilot program through a request for proposals  
430 process.

431 (b) The pilot program shall commence on or before January 1, 2009,  
432 and terminate not later than January 1, 2011.

433 (c) On or before January 1, 2010, the Commissioner of Public Health  
 434 shall submit an interim report on the progress of the pilot program,  
 435 and on or before January 1, 2012, shall submit a final report on the  
 436 results of the pilot program and the feasibility of establishing a state-  
 437 wide integrated electronic health information system, in accordance  
 438 with section 11-4a of the general statutes, to the joint standing  
 439 committees of the General Assembly having cognizance of matters  
 440 relating to public health, human services, government administration  
 441 and appropriations."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2007</i>	17b-292
Sec. 2	<i>July 1, 2007</i>	17b-277
Sec. 3	<i>July 1, 2007</i>	New section
Sec. 4	<i>July 1, 2007</i>	New section
Sec. 5	<i>July 1, 2007</i>	17b-295
Sec. 6	<i>July 1, 2007</i>	17b-297
Sec. 7	<i>July 1, 2007</i>	New section
Sec. 8	<i>July 1, 2007</i>	New section
Sec. 9	<i>July 1, 2007</i>	New section
Sec. 10	<i>October 1, 2008</i>	New section